

## **Community Name**

ADDRESS

ADDRESS

Phone Number

Website

2016

## Permit to operate a

## **Lodging Establishment**

This Permit is granted to the person or business named below in conformity with the approved Application and the Statutes and Ordinances relating thereto. Permits are not transferable.

All Permits expire on December 31 and must be renewed at least 60 days prior to expiration unless otherwise stated.

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PERMIT #		Dorm	it Holder
ISSUE DATE		Perm	it noidei
FEE		Facility Address	
Facility Owner		Facility Owner	
Facility Owner Contact Info		Facility Owner Contact Information	
This Permit shall be posted at all times and is issued with the requirement that the Permit Holder allow the Board of Health access to conduct inspections without notice during all hours of operation. Failure to allow inspection access or operate in compliance with State and local regulations and laws is grounds for suspension or revocation of this Permit.			
Permit is granted to the above for the following purpose at the named facility		☐ Hotel/Motel/Inn ☐ B & B ☐ Occasional/Seasonal/Weekly Lodging ☐ Special Purpose as described on the approved Application	
Permit Type		☐ Annual ☐ Seasonal	☐ Temporary ☐ Other as specified on the Application
Permit is also subject to the following special conditions		None	
Expiration Date		December 31	
Signature for Board of Health			